

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097787111**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		1		1		
4		2		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		2		1		
11	/		/			
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		3		1		
17		3		1		
18		3		1		
19		3		1		
20		3		1		
21		3		1		
22	/	1	/	1		
23	/		/			
24		1		1		
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29		2		1		
30		2		1		
31		2		1		
32		2		1		
33		8		1		
34	/		/			
35		1		1		
36	/		/			
37		1		1		
38	/		/			
39		1		1		
40	/		/			
41		1		1		
42		3		1		
43		1		1		
44		1		1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50	/		/			
TOTAL IND.		8		8		
TOTAL DEP.		44		44		
TOTAL ATTORNEY		52		52		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52		2		1		
53		2				
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TOTAL IND.						
TOTAL DEP.						
TOTAL						

**BEST AVAILABLE COPY**